



"Better Technology for Better Healthcare"

820 South 4th Street
Gadsden, AL 35901

Phone: (256) 549-0008
Fax: (256) 549-0401

1/2 mile north of 759/Colonial Mall; just behind Logan's off Rainbow Drive (map on reverse)

NAME: _____ Date of Birth _____
 Last First Middle Mo. Day Year

Patient Phone #: (____) _____ (____) _____ (____) _____

Referring Physician _____ Physician Phone Number _____

Diagnosis: _____

Instructions: _____

PLEASE CIRCLE PROCEDURE(S) AND SIDE(S) REQUESTED

***** **REMEMBER TO SPECIFY IF "OTHER"** *****

WITHOUT CONTRAST WITH CONTRAST WITH & WITHOUT CONTRAST

MRI

- Head/Brain
- Spine Cervical
- Spine Thoracic
- Spine Lumbar
- Pelvis/Hips
- Knee: _____ Rt. _____ Lt.
- Shoulder: _____ Rt. _____ Lt.
- Other: _____

MR ANGIOGRAPHY

- Intracranial
- Carotid
- Other: _____

CT SCAN

- Head/Brain
- Abdomen
- Pelvis
- Chest/Thorax
- Chest P.E. Protocol
- Spine - Cervical
- Spine - Thoracic
- Spine - Lumbar
- Sinuses - Full / 3D
- Sinuses - Limited
- Other: _____

Vascular CT

- Aorta & Runoff
- Carotid - Neck
- Carotid - Intracranial
- Other: _____

DIGITAL X-RAY

- Chest PA & Lateral
- Abdomen/KUB
- Spine Cervical
- Spine Thoracic
- Spine Lumbar
- Sacrum/Coccyx
- Ribs w/PA Chest
_____ Rt. _____ Lt. _____ Bilat
- Pelvis
- IVP
- Other: _____

Upper Extremity

- Clavicle _____ Rt. _____ Lt.
- Shoulder _____ Rt. _____ Lt.
- Humerus _____ Rt. _____ Lt.
- Elbow _____ Rt. _____ Lt.
- Forearm _____ Rt. _____ Lt.
- Wrist _____ Rt. _____ Lt.
- Hand _____ Rt. _____ Lt.
- Finger _____ (Digit)

Lower Extremity

- Hip _____ Rt. _____ Lt.
- Femur _____ Rt. _____ Lt.
- Knee _____ Rt. _____ Lt.
- Tib/Fib _____ Rt. _____ Lt.
- Ankle _____ Rt. _____ Lt.
- Foot _____ Rt. _____ Lt.
- Toe(s) _____ Rt. _____ Lt.

FULL FIELD DIGITAL MAMMOGRAPHY W/CAD

- Screening Bilateral
- Diagnostic Bilateral
- Diagnostic Unilateral
_____ Rt. _____ Lt.
- Additional Views
_____ Rt. _____ Lt.

STEREOTACTIC BIOPSY NOW AVAILABLE

ULTRASOUND

- Abdomen (Complete)
- Pelvis
- Endovaginal
- Gallbladder
- Liver
- Renal/Kidney
- Testicular
- OB - Transabdominal
- Breast
_____ Rt. _____ Lt. _____ Bilat.
- Thyroid
- Other: _____

DOPPLER ULTRASOUND

- Carotid Doppler
- Venous Doppler
Leg: _____ Rt. _____ Lt.
Arm: _____ Rt. _____ Lt.

BONE DENSITOMETRY

- Bone Density Only (hip and spine)
- Density w/Instant Vertebral Assessment
- Whole Body Fat Content
- Periprosthetic Lucency Density/Change

APPOINTMENT:

Date: _____

Time: _____

Insurance: _____

FAX REPORT TO:

(____) _____

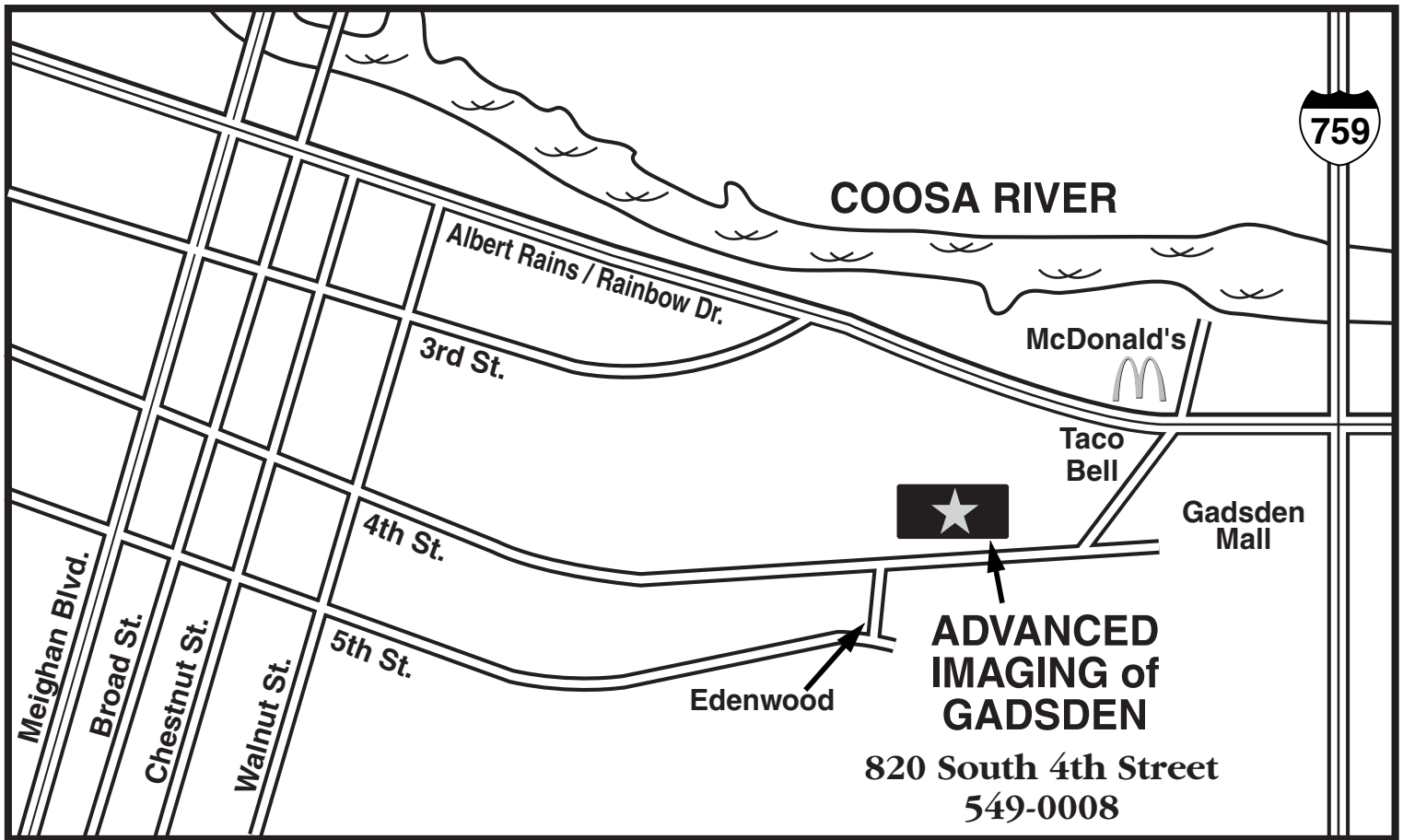
SEE BACK FOR EXAM PREPS AND MAP

In order to serve you better and minimize waiting times, please give a 24-hour notice for making copies of files or disc.

*Thank you for choosing AIG for your diagnostic imaging needs. Please bring your insurance cards along with a picture ID with you to your appointment. If for some reason you may need to reschedule, please call 24 hours in advance. Again, thank you for choosing **Advanced Imaging of Gadsden**, northeast Alabama's most modern imaging facility.*

Physician's Signature _____

Date _____



EXAM PREPARATIONS

Mammogram

Digital exams are more sensitive than traditional film screen mammograms. Deodorant, lotions, or powder may interfere with exam. Please do not use on the day of exam.

Ultrasound Abd., Gallbladder, Liver, Pancreas

Nothing to eat or drink 6 to 8 hours prior to your test. Eating causes the gallbladder to empty and interferes with the test.

Ultrasound Pelvic

Drink 32 ounces of liquids 1 hour before you arrive. Do not go to the restroom before your test. A full bladder is necessary for test.

Ultrasound Kidneys

Nothing to eat 4 hours prior to your test. Drink about 20 ounces of fluid before exam.

IVP

Follow 24-hour instructions to fleet prep kit #3. Nothing to eat or drink after midnight. Patients who are 65 or older, diabetic, or have any history of renal disease will need a BUN or Creatinine level from 3 months or less prior to exam.

CT's with Contrast

Nothing to eat or drink 3 hours prior to your test. Patients who are 65 or older, diabetic, or have any history of renal disease will need a BUN or Creatinine level from 3 months or less prior to scan.